

Churchville Recreation Council

# Gold Cup Tennis



**Player Development A (Invitation only)**  
**8:00 a.m.- 10:00 a.m., Monday through Thursday**

**Player Development B (Invitation only)**  
**10:00 a.m. - 12:00 p.m., Monday through Thursday**

Cost of one to four total sessions per player - \$120 each session  
Cost of five or more total sessions per player - \$115 each session

**TOURNAMENT LEVEL (Invitation only) 4:00 - 6:00 p.m., Tuesday and Thursday only**

Cost of one to four total sessions per player - \$60 each session  
Cost of five or more total sessions per player - \$55 each session



Class sizes are limited so register early to guarantee spot. Registration received after June 10th will be subject to \$10 late fee. This will be enforced! A \$30 service fee will be collected for returned checks. No refunds or guaranteed make-ups for inclement weather, including excessive heat. At this time we are unable to offer daily rates or prorated fees.

Questions? Please email churchvilletennis@gmail.com

Please check the session(s) you are registering for below:

Session 1: June 20 - 23	Session 5: July 18 - 21
Session 2: June 27 - 30	Session 6: July 25 - 28
Session 3: July 5 - 8 **Tuesday-Friday	Session 7: August 1 - 4
Session 4: July 11 - 14	Session 8: August 8 - 11

Time/Class \_\_\_\_\_

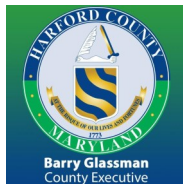
Name \_\_\_\_\_ Email \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

In case of emergency call \_\_\_\_\_

Any medical problems? If so, please explain \_\_\_\_\_

I do hereby expressly agree that I will not hold the instructor, the Churchville Rec. Council, Harford County Parks and Recreation, Harford County, Maryland, a body corporate and politic of the State of Maryland, its employees, volunteers, agents, officers and elected or appointed officials, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.



Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Tennis Program P.O. Box 515, Churchville, MD 21028